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CLARIFICATION MESSAGE ON INSTRUCTIONS FOR STATE AND LOCAL
LAW ENFORCEMENT OFFICERS (LEOS) FLYING ARMED

EFFECTIVE NOVEMBER 15, 2008, FOR STATE AND LOCAL LEOS TO FLY ARMED THE
EMPLOYING AGENCY MUST SEND AN NLETS MESSAGE TO THE LEO FLYING ARMED ORI:

SAMPLE AGENCY MESSAGE ORI TO TSA AND EXPLANATION OF THE FIELDS:

AM.PAS012345.VAFAM0199.*0008000001.TXT

LEOFA

NAM/SMITH, JOE.

AGY/BROWARD SHERIFF'S OFFICE.

BCN/BSO123456.

OFC/STATE.

NAO/WASHINGTON, GEORGE.

CRT/YES.

CPN/7031234989.

APN/2023456789.

EIT/PRISONER.

EIN/SMITH, JOHN.

NOA/AMERICAN AIRLINES.

FLN/AA1234.

DOF/122508.

DAP/DCA.

CAP/EWR.

FDA/BOS.

NAM

- * FULL NAME OF THE FLYING ARMED LEO.
- * MUST BE IN THE FORMAT OF LAST NAME, FIRST NAME.
- * EXAMPLE: NAM/SMITH, JOHN.
- * THE PERIOD AT THE END OF THE LINE IS REQUIRED.

AGY

- * AGENCY OR DEPARTMENT NAME OF THE FLYING ARMED LEO.
- * EXAMPLE: AGY/ARLINGTON POLICE DEPARTMENT.
- * THE PERIOD AT THE END OF THE LINE IS REQUIRED.

BCN

- * BADGE OR CREDENTIAL NUMBER OF THE FLYING ARMED LEO.
- * EXAMPLE: BCN/ABC123456.
- * THE PERIOD AT THE END OF THE LINE IS REQUIRED.

OFC

- * OFFICER TYPE
- * MUST BE EITHER STATE OR LOCAL.
- * EXAMPLE: OFC/LOCAL.
- * THE PERIOD AT THE END OF THE LINE IS REQUIRED.

NAO

* NAME OF AUTHORIZING OFFICIAL
* MUST BE IN THE FORMAT OF LAST NAME, FIRST NAME.
* EXAMPLE: NAO/SMITH, JOHN.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

CRT

* COMPLETED REQUIRED TRAINING
* MUST BE EITHER YES OR NO.
* EXAMPLE: CRT/YES.
* A NO IN THIS FIELD WILL RESULT IN A DENIED REPLY MESSAGE
* BECAUSE ALL LEO FLYING ARMED MUST HAVE COMPLETED REQUIRED TRAINING.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

CPN

* CELL PHONE NUMBER OF LEO FLYING ARMED.
* MUST NOT CONTAIN DASHES AND MUST BE EXACTLY 10 DIGITS.
* EXAMPLE CPN/1234567890.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

APN

* AGENCY OR DEPARTMENT NUMBER OF FLYING ARMED LEO.
* MUST NOT CONTAIN DASHES AND MUST BE EXACTLY 10 DIGITS.
* EXAMPLE: APN/1234567890.
* THIS IS NOT A REQUIRED FIELD.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

EIT

* ESCORTED INDIVIDUAL TYPE
* MUST BE PRISONER OR DIGNITARY.
* EXAMPLE: EIT/PRISONER.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

EIN

* ESCORTED INDIVIDUALS NAME
* MUST BE IN THE FORMAT OF LAST NAME, FIRST NAME.
* EXAMPLE: EIN/SMITH, JOHN.
* THIS IS NOT A REQUIRED FIELD.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

NOA

* NAME OF AIRLINE
* EXAMPLE: NOA/AMERICAN AIRLINES.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

FLN

* FLIGHT NUMBER
* EXAMPLE: FLN/AA1234.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

DOF

* DATE OF FLIGHT
* MUST BE IN THE FORMAT OF MMDDYY.
* EXAMPLE: DOF/122508.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

DAP

* DEPARTING AIRPORT
* EXAMPLE: DAP/DCA.
* MUST BE A KNOWN AND RECOGNIZED UNITED STATES AIRPORT.
* MUST NOT BE MORE THAN 3 CHARACTERS LONG.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

CAP

* CONNECTING AIRPORT
* EXAMPLE: CAP/EWR.
* MUST BE A KNOWN AND RECOGNIZED UNITED STATES AIRPORT.
* MUST NOT BE MORE THAN 3 CHARACTERS LONG.
* THIS IS NOT A REQUIRED FIELD.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

FDA

* FINAL DESTINATION AIRPORT
* EXAMPLE: FDA/BOS.
* MUST BE A KNOWN AND RECOGNIZED UNITED STATES AIRPORT.
* MUST NOT BE MORE THAN 3 CHARACTERS LONG.
* THE PERIOD AT THE END OF THE LINE IS REQUIRED.

THE FOLLOWING FIELDS ARE NOT REQUIRED IN THE NLETS MESSAGE TO TSA IF THERE IS NOT AN INDIVIDUAL BEING ESCORTED OR IF THE LEO IS ON A DIRECT FLIGHT WITH NO CONNECTING AIRPORT.

EIT (ESCORTED INDIVIDUAL TYPE)

EIN (ESCORTED INDIVIDUAL NAME)

CAP (CONNECTING AIRPORT)

DETAILED INSTRUCTIONS ON THE PROCEDURES FOR STATE AND LOCAL LAW ENFORCEMENT OFFICERS FLYING ARMED ARE ALSO BEING POSTED ON THE NLETS INTERNET PAGE. PLEASE DISTRIBUTE THIS MESSAGE TO ALL LAW ENFORCEMENT OFFICERS AND AGENCIES, PARTICULARLY THOSE OPERATING IN AND AROUND AIRPORTS IN THE UNITED STATES. CHIEFS OF POLICE, SHERIFFS AND LAW ENFORCEMENT AGENCY ADMINISTRATORS ARE REQUESTED TO DISTRIBUTE THIS MESSAGE ACCORDINGLY.

IF YOU HAVE QUESTIONS OR COMMENTS REGARDING THE LAW ENFORCEMENT OFFICER FLYING ARMED PROGRAM PLEASE CONTACT THE FEDERAL AIR MARSHAL SERVICE, OFFICE OF FLIGHT OPERATIONS, LIAISON DIVISION AT: LEOFA@DHS.GOV

*** SEE SYSTEM MEMO #3058 FOR ADDITIONAL COPIES OF THIS BULLETIN ***